

GIRL TALK

Participant Ineligibility or Discontinuation Form

Place ID Label Here

This form is to be completed at any time post-screening that a teen withdraws from any study component or is terminated from study activities. Reasons must be reported for either “ineligibility” or “discontinuation”.

Approval must be obtained from a study supervisor. Upon receiving approval, GU Counselor will be responsible for entering form into DMS.

1. Date of termination request: ?__? __? - ?__? __? - ?__? __? __? __?
2. Date of last contact with this participant: ?__? __? - ?__? __? - ?__? __? __? __?
3. Nature of last contact with this participant: ____ ____
 - 01.....Intervention Session
 - 02.....Evaluation Interview
 - 03.....Pregnancy Test
 - 04.....Dinner Group
 - 05.....Scheduling Home Visit
 - 06.....Other, specify _____
4. Reason for ineligibility or discontinuation: ____ ____
 - 01.....Ineligible b/c of early delivery
 - 02.....Baby died + subject no longer interested
 - 03.....Subject miscarried + subject no longer interested
 - 04.....Subject requested withdrawal from all Project activities/Not interested
 - 05.....Subject moved outside Metro area, will not participate in further Project activities
 - 06.....Subject lost to follow up
 - 07.....Subject died
 - 08.....Subject found to be suicidal/psychotic
 - 09.....Other, specify _____

5. Please provide details to further explain the reason for this ineligibility/discontinuation:

Requested by:

Approved by:

Name of Requestor

Name of Supervisor

Signature of Requestor

Signature of Supervisor

?__? __? - ?__? __? - ?__? __? __? __?
Date signed

?__? __? - ?__? __? - ?__? __? __? __?
Date signed